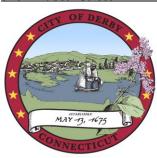
City of Derby, Connecticut

One Elizabeth Street - 06418



Marc J. Garofalo, MPA, CCTC Town / City Clerk

vitals@derbyct.gov

Telephone (203) 736-1462 Ext. 2 Fax (203) 736-1479

Instructions to Obtain a Copy of a Birth Certificate by Mail

REQUIREMENTS FOR ALL REQUESTS:

- 1. APPLICATION: Please complete and sign the attached "Application for Long Form Birth Certificate with Raised Seal." If filling out the form online, please download and save to your computer first so your information will be saved, then reattach to an email when submitting.
- 2. **IDENTIFICATION:** Make a copy or send a photo of the FRONT AND BACK of your current, valid Driver's License (any state).

<u>NOTE</u>: If your driver's license has <u>expired</u> or if you do not currently have a valid government issued photo ID, please refer to the list provided on the application for acceptable forms of identification (at least <u>two</u> documents are required without a driver's license).

- 3. POSTAGE: Please include a self-addressed stamped envelope for return. If one is not provided, an additional \$1.00 fee will be charged to cover postage costs.
- 4. FEES: The fee for a birth certificate is \$20.00 each. Payment can be made by Money Order or Credit Card (personal checks are not accepted). Please note that if you are paying by credit card, an additional \$2.00 processing fee will apply.

If Paying By Money Order	If Paying By Credit Card
Make payable to the "City of Derby"	Credit Card Authorization Form Required (attached)
Birth Certificate with a return envelope: \$20.00	Birth Certificate with a return envelope: \$22.00
Birth Certificate without a return envelope: \$21.00	Birth Certificate without a return envelope: \$23.00

5. SUBMIT: Requests are processed on the day they are received and can be submitted by:

Email: vitals@derbyct.gov

Regular Mail: Birth Certificate Request

Marc J. Garofalo, Derby Town Clerk

1 Elizabeth Street Derby, CT 06418

Fax: (203) 736-1479

Please feel free to contact our office during regular business hours should you have any questions or need any further assistance.

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Credit Card Authorization Form

CARDHOLDER INFORMATION

Name:____

Billing Street Addr	ess:		
City:	State: Postal Code:		
Country:	Email		
Address:			
Telephone: (
□ I authorize a on	e-time charge against my credit card for the following amount:		
\$	\$20.00 per Certified Copy of Birth, Death, or Marriage Certificate		
\$\$1.00 USPS First Class Mail (Postage)			
\$	\$30.00 USPS Priority Express (1-2 Days) (Shipping)		
\$	\$2.00 Credit Card Processing Fee (2.5% over \$80.00)		
\$	TOTAL CHARGE		
CREDIT CARD	INFORMATION		
Credit Card Type:	□ MasterCard □ Visa □ American Express □ Discover Card		
Number:			
Expiration Month:	Expiration Year:		
Cardholder Signati	nreDate/		
Security Code:			